MAPD SALES SUMMARY SHEET

Date: ____/____/ 2018 App ID#_____ Conf#_____

_____
First Name Middle Initial Last Name

_____
Street Address

_____
City State Zip Code County

(_____)-_____-_____ _____/_____/_____ _____-_____-_____
Phone Number Date of Birth Social Security #

_____ _____ Male/Female
Medicare # Medicaid #

_____/_____/_____ _____/_____/_____ _____
Part A (HOSPITAL) Part B (MEDICAL) SNP Humana Reference#

_____
Plan Name

_____ _____
Physicians Name Provider ID#

Monthly Premium $_____._____ Effective Date_____/_____/_____

_____/_____ _____/_____
Agent Name/ID# Lead Generator Name/ID

Hand Dial/Direct Transfer **SEP Reason:Medicaid/LIS/IEP**